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STATE OF CONNECTICUT

DEPARTMENT OF MENTAL HEALTH
AND ADDICTION SERVICES
A HEALTHCARE SERVICE AGENCY

PATRICIA A. REHMER, MSN
COMMISSIONER

Testimony of Patricia A. Rehmer, MSN, Commissioner Department of Mental Health & Addiction Services Before the Appropriations and Human Services Committees March 28, 2014

Good morning, Senator Bye, Senator Slossberg, Representative Walker, Representative Abercrombie and distinguished members of the Appropriations and Human Services Committee. I am Patricia A. Rehmer, Commissioner of the Department of Mental Health and Addiction Services and I am here today to speak in support of the application to CMS for an ABI Waiver II.

DMHAS has identified 50 individuals who could go onto the waiver were slots available. Some individuals have been on a waiting list since 2009. These 50 include 19 individuals who are currently on the waiting list. I think it is important to mention that while all of these individuals have an ABI, not all of them have a behavioral health disorder. DMHAS had become the de-facto state agency for individuals with ABI because individuals with an Acquired Brain Injury often have no other place to go for services if they have behavioral discontrols and need inpatient care.

The current cost of the 32 individuals DMHAS is funding in the community and at CVH is \$10.5 million and is expected to grow to \$11.5 in FY 15 as individuals no longer meet hospital level of care.

Approval of this waiver application will allow the state to receive \$6 million in federal reimbursement for services provided to individuals currently served by DMHAS at state only cost.

The new waiver will allow for the provision of a wider array of services to the ABI/TBI population and will also hopefully allow the state to serve more individuals in need of these services. The addition of Recovery Assistant services provide a rehabilitation focused service that includes the "hands on care" that would enable participants to remain in the community. Without this new ABI waiver, people living in the community with brain injury, struggle financially to afford Medicaid spend-downs, medical care and housing. Recovery and rehabilitation is stalled by the inability to access needed rehabilitative supports.

Thank you for your time and attention to this matter. I would be happy to answer any questions you may have at this time.